PTO/SB/06 (08-03)

Approved for use through 7/31/2006. OMB 0651-0032

OR

OR

OR

TOTAL

ADD'L FEE

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 544 76Q CLAIMS AS FILED - PART I OTHER THAN SMALL ENTITY (Column 1) (Column 2) OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE RATE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR * If the difference in column 1 is less than zero, enter "0" in column 2. 290° TOTAL TOTAL OR CLAIMS AS AMENDED - PART II OTHER THAN (Column 2) OR (Column 1) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE ADDI-RATE ADDI-ENT AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE AMENDMI Total (37 CFR 1,16(c)) Minus OR Independent (37 CFR 1.16(b)) Minus 2 3 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + 5 TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST m REMAINING NUMBER PRESENT RATE ADDI-RATE ADDI-**AMENDMENT** AFTER **EXTRA PREVIOUSLY** TIONAL TIONAL FEE AMENDMENT PAID FOR FEE Total (37 CFR 1.16(c)) Minus 0 OR Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE ADDI-RATE ADDI-**AMENDMENT AFTER PREVIOUSLY EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total (37 CFR 1.16(c)) Minus OR X S Independent (37 CFR 1.16(b))

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

Minus

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

1

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

TOTAL

ADD'L FEE

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| Substitute for Form PTO-875 | | | | | | | | | | Application or Docket Number | | |
|---|---|---|----------------|---------------------------------------|------------|------------------|-------|--------------------|--|------------------------------|----------------------------|------------------------|
| CLAIMS AS FILED PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | |
| FOR NUMBER FILE | | | BER FILE | NUMBER EXTRA | | | 7 | RATE | FEE | 1 | | |
| BASIC FEE (37 CFR 1.16(a)) | | | | | | 1 | 7,112 | s | OR | RATE | FEE | |
| (37 | TAL CLAIMS CFR 1.16(c)) | 14 | 4 minus 20 = - | | | | 1 | x s = | | 1 | \ | \$ |
| | DEPENDENT CLA CFR 1.16(b)) | ims 2 | minus | 3 = . | 3 = • | | | x \$ = | | OR | X \$= | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) | | | | | | | | +\$ = | | OR | x \$= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | | TOTAL | | OR | + \$ = | |
| CLAIMS AS AMENDED – PART II | | | | | | | | | | 1 011 | TOTAL | <u> </u> |
| 6-30-03 (Column 1) (Column 2) (Column 3) | | | | | | | | SMALL | ENTITY | OR | | R THAN ENTITY |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE: NUMBE PREVIOU PAID FO | ER JSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total (37 CFR 1.16(c)) | 14 | Minus | " 20 |) | - | | x \$= | | OR | x s_ = | FEE |
| | Independent (37 CFR 1.16(b)) | 3 | Minus | <u>" 3</u> | | - | | x \$= | | OR | x s = | |
| Ā | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | | | +s = | | OR | +\$ = | |
| 10 | | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |
| 12 | -30-03 | (Column 1) | | (Colum | n 2) | (Column 3) | | | <u></u> | | ADDLFEE | |
| AMENDMENT B | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHES NUMBE PREVIOU PAID FO | R SLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total (37 CFR 1.16(c)) | 14 | Minus | <u>"20</u> | | - / | | x s = | | OR | x \$ = | 1 222 |
| | Independent (37 CFR 1.16(b)) | 3 | Minus | ··· 3 | | - / | | x s = | | OR | x \$_ = | |
| ⋖ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | | | + \$= | | OR | + s = | |
| 9-23 - 04 (Column 1) (Column 2) (Column 2) | | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | |
| ् । | 700 0 | CLAIMS | | (Column HIGHES | | (Column 3) | г | | | , | | |
| OMENT | Total | REMAINING AFTER AMENDMENT | | PREVIOUS PAID FO | R SLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | (37 CFR 1.16(c)) | 14 | Minus | 20 | | -/ | L | x \$= | Ŷ | OR | x \$= | |
| AMEN | (37 CFR 1.16(b)) | <u> </u> | Minus | <u>" 3</u> | | - / | | x \$= | | OR | x s= | |
| ⋖ | FIRST PRESENTATION OF MÜLTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) | | | | | | | + \$= | | OR | + s = | |
| TOTAL ADD'L FEE | | | | | | | | | | OR L | TOTAL ADD'L FEE | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". | | | | | | | | | | | | |

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